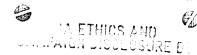
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12", Ste. 1A Des Moines, lowa 50319





FOR INSTRUCTIONS, SEE BACK OF FORM Fax: 515-281-4073 DISCLOSURE SUMMARY PAGE 2000 OCT 24 PM 3: 40 COMMITTEE NAME (Must be same as on Statement of Organization) FORM Committe to ReElect Jack Plathe DR-2 IMPORTANT: Indicate by # type of committee you are reporting for:

(1)Statewide/Legislative/Judge Standing for Relatificin Candidate (2)State PAC (3)State Party

(4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political DISCLOSURE (Rev. 07/2007) REPORT Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (For Office Use Only 11) Local Ballot Issue Comm. # CANDIDATE COMMITTEES ONLY: Logged in Candidate Name Political Party (if applicable) Jack Plathe Democratic Comouter Office Sought District II Supervisor District (If Senate or House) Late reports are subject to possible civil and criminal penalties. Pursuant to lowe Code sections 688.32A(7) and 68A.401(3), the candidate, for a 515-295-5027 TELEPHONE 10-19-08 AM FILING A REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate by # 1 CHECK IF AMENDMENT TO REPORT DATED_ Local Committees, enter Date of Election Check if this is finel (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held Kossuth STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end 5.07 ADD TOTAL MONEY TAKEN IN THIS PERIOD 320.00 Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-lind below) 0.00 0.00Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) 325.07 SUB-TOTAL.....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..............

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

Schedule F: Loan Repayments total (Attach Schedule F)

**UNPAID BILLS (From Schedule D - Attach Schedule D)......\$ *IN KIND CONTRIBUTIONS (From Schedule E - Atlach Schedule E)......\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

325.07

YES ____NO

0

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	7
Committe to ReElect Jack Platho	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS			
CHECK THIS BOX IF AMENDING FORM				

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAG (POLITICAL ACTION COMMITTEE), LIST THE PAG IDENTIFICATION NUMBER AND THE PAG CHECK MUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEMED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9-29-08	ID# CK# _{Cash}	Tom McGuire 514 N Thorington St Algona, IA. 50511	1st Cousin	\$20.00	
10-09-08	ID#	JoAnn and Gary Leety 5287 Navaho Drive Alexandria, VA, 22312	Sister-brother-in-	300.	
	ID#				
	ID# CK#				
	ID#				
	ID#				
	ID#				
	CK#		SUB-TOTAL		
	flathe 10-	11-08 TOTAL (If last pe	ge of this schedule)	\$ 320.00 \$ 320.00	
committee. Retainmentinge). If st	tionship must be shown to i urname of contributor is th	the third degree of consunguinity (blood relatives) and siffinity (research as candidate, but there is no 'in the relationship column.	platives by Pag	ge 1 of for Schedule	i (A)

10-54-08 12:50 ba: 3/4

WERICINN STRONG

Fax sent by : 15152959215